

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/1757398 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.						
1					51					
2					52					
3					53					
4					54					
5					55					
6					56					
7					57					
8					58					
9					59					
10					60					
11					61					
12					62					
13					63					
14					64					
15					65					
16					66					
17					67					
18					68					
19					69					
20					70					
21					71					
22					72					
23					73					
24					74					
25					75					
26					76					
27					77					
28					78					
29					79					
30					80					
31					81					
32					82					
33					83					
34					84					
35					85					
36					86					
37					87					
38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.	55				TOTAL IND.					
TOTAL DEP.	55				TOTAL DEP.					
TOTAL CLAIMS	50				TOTAL CLAIMS					